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CONFIRMATION NO. 1482

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/784,507 | FILING DATE 02/23/2004 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. 1326.001US5 |
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/328,420 12/23/2002 PAT 6,697,704
 which is a CON of 09/714,802 11/16/2000 PAT 6,529,801
 which claims benefit of 60/210,303 06/08/2000

TM

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/17/2004

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|---|----------|---------|--------|-------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged Examiner's Signature <u>TM</u> Initials <u>TM</u> | MN | 40 | 16 | 3 |

ADDRESS

21186
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TITLE

Automatic prescription drug dispenser

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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